



Fact Sheet:

Methamphetamine Users In Treatment



The data in this fact sheet is based on admissions and discharges from publicly funded treatment services in California during Fiscal Year 2006-07 as reported in the California Outcome Measurement System (CalOMS) unless otherwise noted.

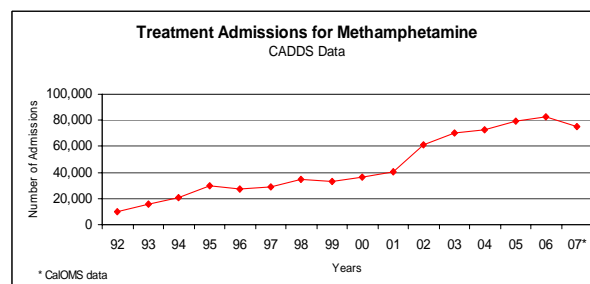
Background

The purpose of this fact sheet is to provide information regarding methamphetamine use and treatment for California.

- Methamphetamine is a strong central nervous system stimulant. The drug produces a state of increased energy, suppressed appetite, and elevated mood; effects may last as long as 10 to 12 hours compared to 45 minutes obtained from cocaine.
- The drug is easily produced, widely available, inexpensive to buy, and easy to use. Many use the drug in combination with alcohol and marijuana. Like cocaine and heroin, methamphetamine can be smoked, snorted, or injected.
- Methamphetamine is a crystal-like powder substance that sometimes comes in "rocky" chunks. On the streets some of the slang names for methamphetamine are: speed, crystal, ice, chalk, crank, croak, fire, glass, white cross, etc. It is classified as a Schedule II drug under the Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970.
- Use can be devastating socially, physiologically, economically, and environmentally. Dependence occurs swiftly. Chronic use is highly toxic; the vital organs of the body essentially burn themselves up. Chronic use can lead to malnutrition, paranoia, confusion, anxiety, sleeplessness, aggressiveness, heart failure, seizures, coma, and death.

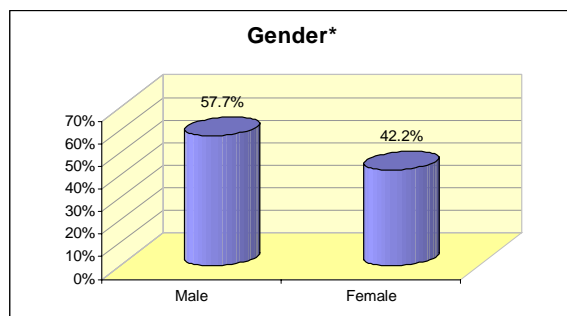
Methamphetamine Users in Treatment

- Methamphetamine is now the most commonly reported primary drug in publicly monitored treatment in California, surpassing alcohol and heroin. In FY 2006-07 there were a total of 214,522 admissions to publicly monitored treatment programs. Of those admissions, 75,418 reported methamphetamine as their primary drug of choice and 18,521 admissions reported methamphetamine as their secondary drug of choice.
- As shown in the chart below, admissions to treatment for methamphetamine abuse grew from approximately 10,000 in 1992 to over 80,000 admissions in 2006. From 2001 to 2006, admissions for methamphetamine abuse grew at a much faster rate than compared to the 1990s. The significant increase in methamphetamine admissions during 2001 is largely due to the implementation of the Substance Abuse and Crime Prevention Act (SACPA). Over half of the SACPA clients entering treatment each year report methamphetamine as their primary drug of choice.



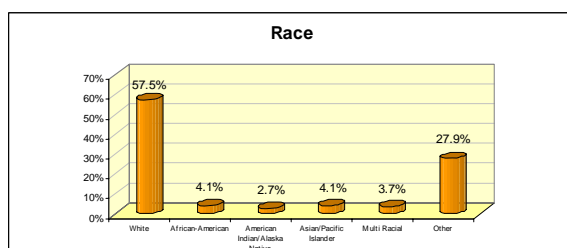
Characteristics of Methamphetamine Users in Treatment

- As shown in the chart below, male admissions for methamphetamine use were higher than female admissions.

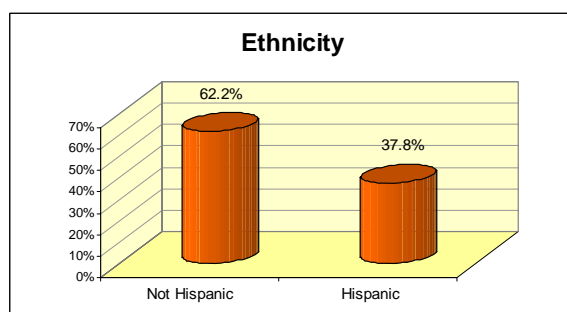


* The percentage does not add up to 100 because some clients identified their gender as "other".

- The overwhelming majority of methamphetamine admissions were clients who indicated their race is white.

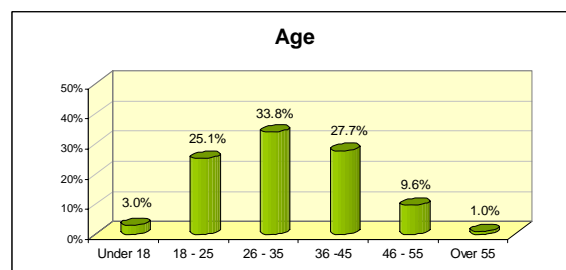


- Thirty-eight percent of those who were admitted to treatment for methamphetamine abuse were Hispanic.

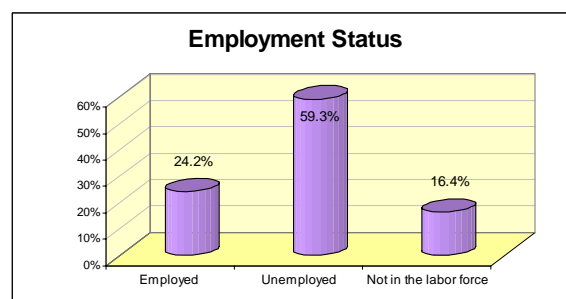


- Clients ages 18 to 45 comprise 87 percent of admissions for methamphetamine. One third of methamphetamine admissions in California are 26-35 years of age. Those 18 years of age and younger

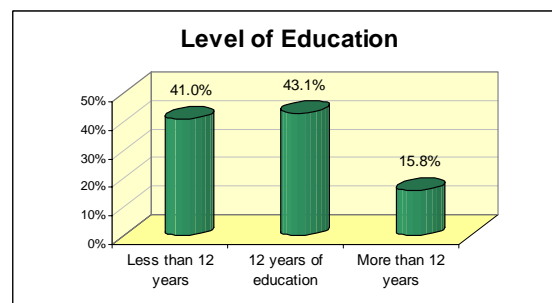
and those over 55 comprise the smallest groups admitted for methamphetamine treatment.



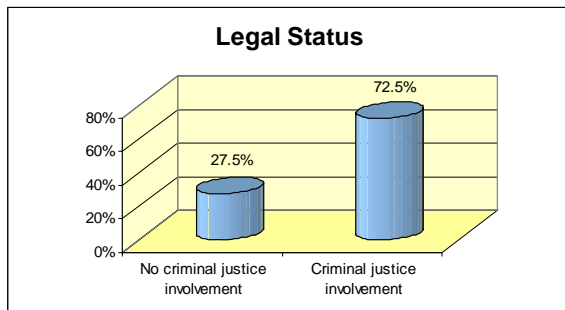
- Approximately one-fourth of all treatment admissions for primary methamphetamine abuse were clients that were employed. The remaining admissions were either for those not working or not in the work force due to a disability or stay-at-home spouses.



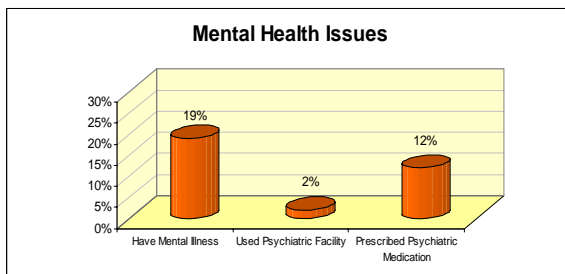
- Fifty-nine percent of admissions were for those who had a high school diploma or higher.



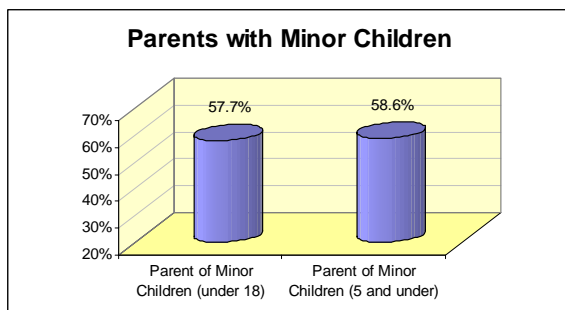
- As shown in the chart at the top of the next page, almost three-fourths of admissions to treatment for methamphetamine use had some criminal justice involvement. Criminal justice involvement includes arrests and time served in jail or prison.



- Nineteen percent of admissions for methamphetamine also reported a mental illness. Two percent of client admissions reported using psychiatric facilities while 12 percent stated that they are prescribed psychiatric medication.

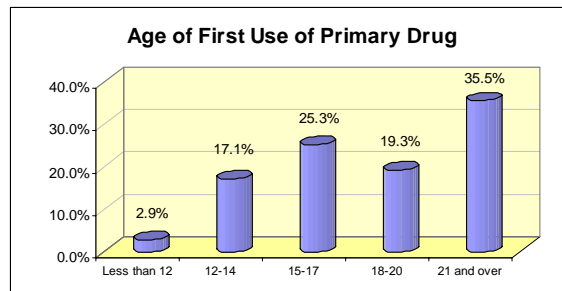


- Over 42,000 admissions for methamphetamine treatment were clients with minor children. Of these, 24,734 admissions were for individuals with children five years and younger.

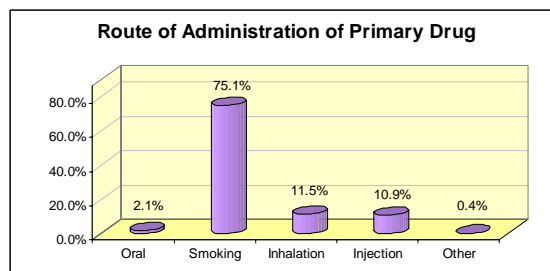


Substance Use

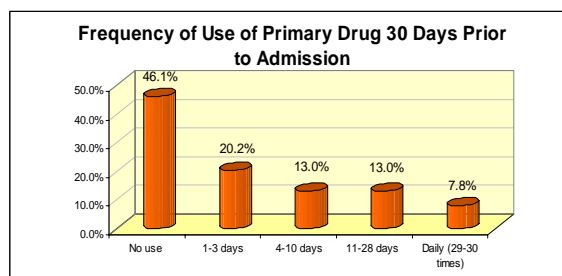
- As shown in the chart at the top of the next column, thirty-five percent of those admitted to treatment used methamphetamine for the first time when they were 21 years old or older.



- The most popular route of administration of methamphetamine by far is through smoking. The second and third most popular method is inhalation and injection respectively.

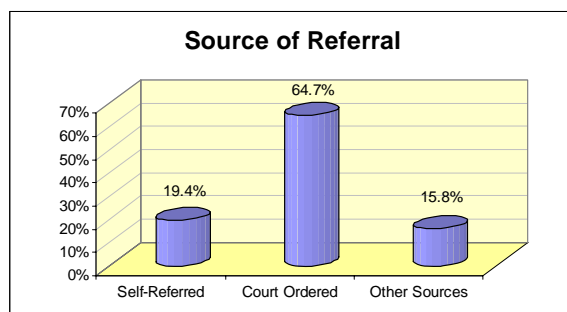


- Forty-eight percent of those admitted to treatment reported no use of methamphetamine 30 days prior to admission. Many of these were admissions for criminal justice referred clients that were in a controlled environment (e.g., jail, prison) prior to entering treatment. Eight percent reported daily use 30 days prior to admission.

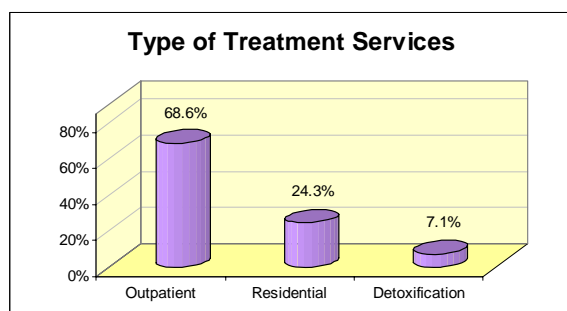


Treatment Utilization

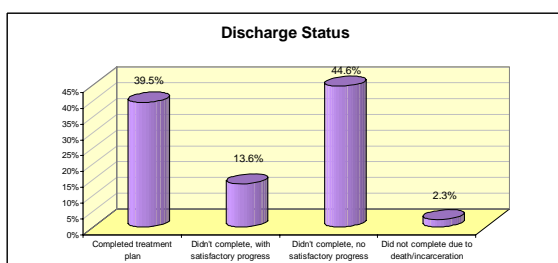
- Over 64 percent of primary methamphetamine admissions were referred by court order or as a condition of probation.



- One-fourth of admissions were for residential treatment while the majority (69%) was for outpatient treatment.

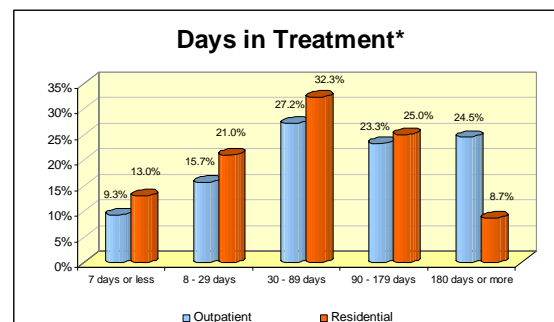


- Thirty-nine percent of all admissions completed treatment and met their treatment goals. Another 13.6 percent made satisfactory progress, even though they did not complete treatment.



- Over 32 percent of residential and 27.2 percent of outpatient admissions stayed in treatment between 30 and 89 days. Almost 34 percent of residential and 47.8 percent of outpatient

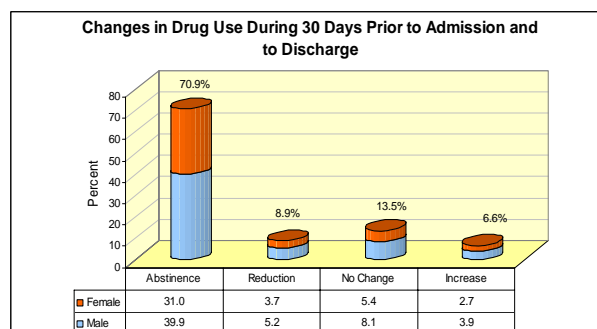
admissions stayed in treatment 90 days or more. A period of 90 days is widely cited as the minimum length of stay before treatment is likely to have a beneficial effect.



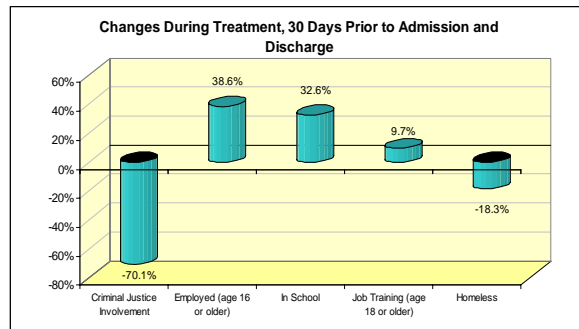
* Not included in the chart are admissions to detoxification services which are normally short-term services.

Changes during Treatment

- Seventy percent of the discharged clients reported no use during the 30 days prior to discharge. Male clients did better than female clients in abstaining and reducing their methamphetamine use between admission and discharge.



- The graph on the next page compares the 30 days prior to admission with the 30 days prior to discharge. Criminal justice involvement dropped 70 percent; employment increased 39 percent; 33 percent more were in school and 18 percent of homeless clients obtained housing.



- Comparing the 30 days prior to admission with the 30 days prior to discharge, 32 percent had fewer medical and health issues and 47 percent stopped living with another AOD user. Forty-four percent increased the use of support activities and serious family conflicts were reduced by 41 percent among the clients. Mental health issues increased by 4.5 percent; most likely because clients had access to these services.

